

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>155236</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02</b><br>B. WING _____                            |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/05/2012</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AVON HEALTH &amp; REHABILITATION CTR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4171 FOREST POINTE CIR</b><br><b>AVON, IN 46123</b> |                                                                                                                          |                                                                    |                            |
| (X4) ID<br>PREFIX<br>TAG                                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |  | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                    | (X5)<br>COMPLETION<br>DATE |
| {K 000}                                                                         | <p>INITIAL COMMENTS</p> <p>Based on a Fire Safety Evaluation System (FSES) and an acceptable plan of correction, paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 09/28/12 was completed on 11/05/12.</p> <p>Review Date: 11/05/12</p> <p>Facility Number: 000141<br/>Provider Number: 155236<br/>AIM Number: 100283860</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>Based on this FSES and an acceptable plan of correction, Avon Health &amp; Rehabilitation Center was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, LSC and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms.</p> |                                                                            |  | {K 000}                                                                                         |                                                                                                                          |                                                                    |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {K 039}<br>SS=E                                                                 | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure 2 of 5 exit access corridors had a clear and unobstructed exit width of at least 8 feet (96 inches). This deficient practice could affect 28 residents, staff and visitors needing to exit the facility from the 800 and 900 Hall in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:05 a.m. to 1:30 p.m. on 09/28/12, the 800 and 900 Hall corridors measured 85 inches in width. Based on interview at the time of the observations, the Maintenance Supervisor stated the 800 and 900 Hall corridors were constructed at the width of 85 inches and acknowledged the 800 and 900 Hall each do not have a clear an unobstructed width of at least 8 feet (96 inches).</p> <p>3.1-19(b)</p> |                                                                            |  | {K 039}                                                                                         | Correction obviated - Passed FSES                                                                                        |                                                                    |                            |
| {K 040}<br>SS=E                                                                 | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access doors and exit doors used by health</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  | {K 040}                                                                                         |                                                                                                                          |                                                                    |                            |

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| {K 040}                                                                         | <p>Continued From page 2</p> <p>care occupants are of the swinging type with openings of at least 41.5 inches wide. Doors in exit stairway enclosures are no less than 32 inches in clear width. In ICFs/MR, doors are at least 32 inches wide. 18.2.3.5</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure 2 of 5 exit doors in the means of egress from the corridor in the 800 and 900 Hall had a minimum clear width of 41.5 inches, and 26 of 26 resident room exit doors in the 800 and 900 Hall had a minimum clear width of 41.5 inches. This deficient practice could affect 28 residents, staff and visitors needing to exit any resident room in the 800 and 900 Hall.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:05 a.m. to 1:30 p.m. on 09/28/12:</p> <p>a) the north exit door in the means of egress from the 800 Hall and the south exit door in the means of egress from the 900 Hall each measured 36 inches in width.</p> <p>b) all resident room exit doors in the 800 and 900 Hall measured 36 inches in width.</p> <p>Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the north and south exit doors in the means of egress from the 800 and 900 Hall and each resident room exit door in the 800 and 900 Hall measured 36 inches in width.</p> |                                                                            |  | {K 040}                                                                                         | Correction obviated - Passed FSES                                                                                        |                                                                    |                            |

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| {K 040}                                                                         | Continued From page 3<br><br>3.1-19(b)                                                                                       |                                                                            |  | {K 040}                                                                                         |                                                                                                                          |                                                                    |                            |